

**MAILED OR DEPOSITED CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

107597876

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		3				
4			X			
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	/					
19		/				
20		2				
21			X			
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34			/			
35				/		
36				/		
37				/		
38					/	
39						/
40						
41						
42						
43						
44						
45						
46						
47						
48		
49	/	
50					/	
TOTAL IND.	2		3			
TOTAL DEP.	33	←	30	←	←	
TOTAL CLAIMS	35		33			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						